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COVER LETTER

Division of Co		
SUBJECT: <u>HZ</u>	M Group, LL	ed Liability Company
	value of Estima	Eu Blacomy Company
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.
Please return all corresp	ondence concerning this matt	ter to the following:
Zach	Katkin	
		Name of Person
_		Firm/Company
27499	Riverview Ctr.	Blvd. Suite #244
<u>Bonita</u>	Springs, FL Cit	23 473 4 ty/State and Zip Code
Con tac	+ @atilus.com	2 4/3 4 Sy/State and Zip Code for future annual report notification)
For further information	concerning this matter, please	e call:
Zach Kat	tein	at (239) 273 4//3 Area Code & Daytime Telephone Number
Name	or reison	Area Code & Dayame Telephone Nambel
Enclosed is a check f	or the following amount:	
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLE'S OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I	l - Name	
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The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Compa

Principal Office Address: Mailing Address:

27499 RIVERVIOW Ctr. Blud 27499 RIVERVIOW Ctr. Blud. Suite 244 Bonita Springs FL 34134 Bonita Springs FL 34134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Zach Katkin
Name

27499 Riveniew Ctr Blvd. Suite 244

Florida street address (P.O. Box NOT acceptable)

Bonita Springs FL 34134

City State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	Zach Katkin 8870 Colonnados Ct. W. #338 Bonita Springs, FL 34135
MGR	Harry Casinir 7578 Laurel Valley Rd. For+ Myers FL 33967
MGR	Matt Visaccio 1211 Barrett Rd. #1101 N. Fort Myers, FL 33967
Use attachment if necessary)	

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Zack Katkin
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)